IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Meeting Notes

Client:	State of Idaho	Meeting Date:	September 12, 2013
Subject:	Clinical Quality Improvement (CQI) Work Group Meeting	Location:	Blue Cross of Idaho, Boise, Idaho
Attendees:	Andy Baron, Angie Beauchaine, Chris Hahn, Heather Healy, Bart Hill, Yvonne Ketchum, Kelly McGrath, Linda Rowe, John Rusche, Mary Sheridan (by telephone), Miki Antonelli (Mercer), and Marcia McDonell (Mercer) Absent: Bob Polk and Shawna Kittridge (Mercer)	Distribution:	CQI Work Group

Decision Items

None.

Follow-Up Items

- Pending decisions of the Steering Committee (SC) regarding the need for October work group (WG) meetings, Marcia will send out an invitation to the WG members.
- Marcia will send out the focus group report as soon as it is available.

Notes

Andy kicked off the meeting by welcoming the group and thanking them for their participation. He said that the SC was pleased with the WG's efforts. He told the SC that unless the Statewide Healthcare Innovation Plan (SHIP) was resourced appropriately, it would not succeed. The CQI measures and processes were accepted by the SC. Use of a regional structure was originally voted down, but then reconsidered and approved.

Bart wondered what the State will do if it doesn't get a grant. Should the WGs proceed with certain tasks, such as implementation of the measures? Angie thought so and John agreed that this was a good first step.

Andy said that the patient-centered medical home (PCMH) initiative currently involves reporting of some measures. Kelly wondered how these initiatives would proceed without funding.

Yvonne thought that the SHIP is the next evolutionary step of the PCMH pilot, which is limited to only a few clinics, likely because of start-up costs. Blue Cross of Idaho did not plan to limit payments for PCMHs to 17 clinics, but they were the only ones who participated.

Andy said that measuring consistency across initiatives would be helpful. Yvonne thought that payers would be willing to make changes to the measures that they require their providers to measure.

Marcia presented an overview of the findings from the focus groups. The primary findings included:

- Participants welcomed PCMHs that included collaboration among providers and patients.

- To achieve this collaboration, there should be an increased choice of providers in the State, more efficient communication through technology, a shared responsibility for improved health on the part of providers and patients, and an emphasis on healthcare education.

The final report on the focus groups will be shared with WG members when it is available.

Miki presented the slides that summarized the content of the SHIP. This document was distributed to the WG members prior to the meeting.

Included in the discussion was the concept of a virtual medical home with alternative care managers. John said that this type of model was used extensively and successfully in Alaska.

Currently, the regional boards have administrative and advisory roles, and provide support to the local PCMHs. When the regional role was voted down, the issue was the detailed staffing plan, not the concept. The SC decided that State and regional level staffing will be determined during the implementation process.

Bart raised a concern about use of a 24/7 nurse line. He said that the State has not typically wanted to be involved, but the proposal is to have the Alliance carry the contract. If done on a practice-level, this has not previously been successful. A robust data exchange would be required to obtain and transmit information to the PCMHs.

Bart also said that a preceptor program should be available for all providers, not just physicians. Heather said that Idaho State University has a nurse practitioner (NP) program, including one for adult geriatrics. She also said that there is a NP preceptor problem, because there are not enough NPs to provide clinical experience to students.

Miki said that there is a State loan repayment program through the National Health Service Corps that she heard Idaho does not access. Heather said that there are no good loan repayment programs for NPs and physician assistants; Andy said the rural/underserved clinics have good programs.

Bart wondered what would be used for data exchange and warehousing/analysis if not the Idaho Health Data Exchange (IHDE). Utah was suggested as a model, but they have 20 years experience with data exchange. Yvonne said that the SC thought IHDE could serve as the electronic health record repository, but there should be a more cost effective way to develop a data warehouse.

Bart thought that baseline data for certain clinical measures should be available now. The problem is not being able to produce data at the provider-level, but obtaining data from certain practices. Kelly didn't think that his rural practice would be left behind; he thought that the State needs to accelerate its efforts. Bart thought that the State needed a two-year pathway for certain rural providers. Yvonne suggested that we consider a phased approach, rather than set requirements for Year 1, 2, etc.

Yvonne said that we need to find a way to produce provider-level detail that is not practice destroying. Andy said that practices need time to improve before data is made available to consumers. According to Andy, the SC liked the idea of a State entity being involved in driving quality, but they were not sure what organization should take the lead.

Several individuals agreed that if the provider payment structure is not thoughtfully designed, there will be inadvertent winners and losers.

Andy wrapped up the meeting, thanked everyone for their participation on the WG, and asked if the members would be willing to continue their efforts once the SHIP and grant application are submitted. Everyone agreed.

Addendum to Meeting Notes
In an email dated September 23, 2013, Mary Sheridan provided the following additional information regarding loan repayment programs.

- National Health Service Corps (NHSC) is a federal loan repayment program and eligible entities include primary care, dental health, and mental health practitioners. In July 2013, Idaho had a total of 260 individuals receiving NHSC loan repayment. Of this, 117 practitioners are in the primary care category (MD, DO, NP, PA).

- States may apply for a federal grant to support loan repayment. This program, referred to as SLRP (state loan repayment program), requires a one-to-one state match, and Idaho does not participate in this program.

- Idaho does have a small loan repayment program for physicians called the Rural Physician Incentive Program (RPIP). The program is funded by fees assessed to students attending medical school at the University of Washington or University of Utah in one of the state supported seats.